

**Fill in this information to identify your case:**

Debtor 1 Martin Francis Casey, Jr.  
First Name Middle Name Last Name

Debtor 2 Nicole Michele Casey  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number 5:17-bk-02942  
(if known)

☒ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.  
☐ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

**4.1**

**\$291.00**

**Allied Services**

Nonpriority Creditor's Name  
**Attn: Kelly Haffner, Collection Coordina**  
Number Street  
**100 Abington Executive Park**

Last 4 digits of account number **9 2 8 7**

When was the debt incurred? **03/09/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Clarks Summit PA 18411**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**4.2**

**\$85.00**

**Allied Services**

Nonpriority Creditor's Name  
**Attn: Kelly Haffner, Collection Coordina**  
Number Street  
**100 Abington Executive Park**

Last 4 digits of account number **9 3 2 8**

When was the debt incurred? **03/09/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Clarks Summit PA 18411**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.3**

**\$589.00**

**Allied Services**

Nonpriority Creditor's Name

**Attn: Kelly Haffner, Collection Coordina**

Number Street

**100 Abington Executive Park**

**Clarks Summit**

**PA**

**18411**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9 3 2 7**

When was the debt incurred? **03/09/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**4.4**

**\$966.00**

**Allied Services**

Nonpriority Creditor's Name

**Attn: Kelly Haffner, Collection Coordina**

Number Street

**100 Abington Executive Park**

**Clarks Summit**

**PA**

**18411**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9 7 5 5**

When was the debt incurred? **11/10/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**4.5**

**\$118.00**

**Allied Services**

Nonpriority Creditor's Name

**Attn: Kelly Haffner, Collection Coordina**

Number Street

**100 Abington Executive Park**

**Clarks Summit**

**PA**

**18411**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7 1 1 3**

When was the debt incurred? **02/17/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.6**

**\$622.00**

**Allied Services**

Nonpriority Creditor's Name

**Attn: Kelly Haffner, Collection Coordina**

Number Street

**100 Abington Executive Park**

**Clarks Summit**

**PA**

**18411**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7 1 1 1**

When was the debt incurred? **02/17/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**4.7**

**\$324.00**

**Allied Services**

Nonpriority Creditor's Name

**Attn: Kelly Haffner, Collection Coordina**

Number Street

**100 Abington Executive Park**

**Clarks Summit**

**PA**

**18411**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7 1 5 0**

When was the debt incurred? **02/17/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**4.8**

**\$127.00**

**Berks Credit & Collection**

Nonpriority Creditor's Name

**900 Corporate Drive**

Number Street

**Reading**

**PA**

**19605**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2 1 1 0**

When was the debt incurred? **06/23/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collection account**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.9**

**\$1,453.00**

**Capital One**

Nonpriority Creditor's Name

**PO Box 30285**

Number Street

**Salt Lake City**

**UT**

**84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6 1 2 5**

When was the debt incurred? **12/17/2009**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

**4.10**

**\$1,946.00**

**Capital One**

Nonpriority Creditor's Name

**PO Box 30285**

Number Street

**Salt Lake City**

**UT**

**84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2 0 5 7**

When was the debt incurred? **05/18/2009**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

**4.11**

**\$347.00**

**Capital One**

Nonpriority Creditor's Name

**PO Box 30285**

Number Street

**Salt Lake City**

**UT**

**84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5 1 7 8**

When was the debt incurred? **06/23/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Purchase of Consumer Goods**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.12**

**\$2,687.00**

**Community Bank, N.A.**

Nonpriority Creditor's Name

**45-49 Court Street**

Number Street

**P.O. Box 509**

Last 4 digits of account number **6 4 3 7**

When was the debt incurred? **11/17/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Canton NY 13617**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

**4.13**

**\$1,924.00**

**CreditOne**

Nonpriority Creditor's Name

**P.O. Box 98873**

Number Street

Last 4 digits of account number **4 4 4 7**

When was the debt incurred? **12/07/2007**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Las Vegas NV 89193**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Purchase of Consumer Goods**

**4.14**

**\$4,889.00**

**Discover**

Nonpriority Creditor's Name

**P.O. Box 30943**

Number Street

Last 4 digits of account number **1 7 4 3**

When was the debt incurred? **07/02/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Salt lake City UT 84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.15**

**\$50.00**

**E.M. Pagilarini, DMD**

Nonpriority Creditor's Name

**1291 Wyoming Ave.**

Number Street

Last 4 digits of account number **5 7 6 6**

When was the debt incurred? **03/22/17**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Exeter PA 18643**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Dental services**

**4.16**

**\$36,351.00**

**ESSA**

Nonpriority Creditor's Name

**200 Palmer St.**

Number Street

**P.O. Box L**

Last 4 digits of account number

When was the debt incurred? **3/02/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Stroudsburg PA 18360**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Repossession Deficiency**

**4.17**

**\$31,226.00**

**ESSA**

Nonpriority Creditor's Name

**200 Palmer St.**

Number Street

**P.O. Box L**

Last 4 digits of account number

When was the debt incurred? **5/21/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Stroudsburg PA 18360**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Repossession Deficiency**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.18**

**\$2,653.00**

**First Credit Union of Scranton**

Nonpriority Creditor's Name

**Customer Service**

Number Street

**P.O. Box 30495**

**Tampa**

**FL**

**33630**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2 2 8 4**

When was the debt incurred? **09/01/2000**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☒ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**4.19**

**\$381.00**

**First National Credit Card**

Nonpriority Creditor's Name

**500 E. 60th St. N**

Number Street

**Sioux Falls**

**SD**

**57104**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0 7 7 8**

When was the debt incurred? **11/01/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

**4.20**

**\$108.00**

**Geisinger - Viewmont Health Assoc.**

Nonpriority Creditor's Name

**P.O. Box 828729**

Number Street

**Philadelphia**

**PA**

**19182-8729**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1 6 9 0**

When was the debt incurred? **11/25/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**



Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.21**

**\$30.00**

**Geisinger - Viewmont Health Assoc.**

Nonpriority Creditor's Name

**P.O. Box 828729**

Number Street

Last 4 digits of account number **4 7 8 7**

When was the debt incurred? **10/14/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Philadelphia PA 19182-8729**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.22**

**\$315.00**

**Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

Last 4 digits of account number **3 0 9 7**

When was the debt incurred? **11/12/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Danville PA 17822**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.23**

**\$50.00**

**Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

Last 4 digits of account number **2 8 0 2**

When was the debt incurred? **06/04/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Danville PA 17822**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.24**

**\$19.00**

**Geisinger Health System**

Nonpriority Creditor's Name  
**100 North Academy Ave.**

Number Street

**Danville PA 17822**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.25**

**\$69.00**

**Geisinger Health System**

Nonpriority Creditor's Name  
**100 North Academy Ave.**

Number Street

**Danville PA 17822**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.26**

**\$245.00**

**Keystone Medical Laboratorie**

Nonpriority Creditor's Name  
**P.O. Box 822848**

Number Street

**Philadelphia PA 19182**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4 9 7 2**

When was the debt incurred? **06/04/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

Last 4 digits of account number **9 0 4 2**

When was the debt incurred? **11/12/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.27**

**\$1,075.00**

**LVNV Funding LLC**

Nonpriority Creditor's Name

**P.O. Box 10497**

Number Street

**Greenville SC 29603**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **4 4 4 7**

When was the debt incurred? **03/11/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Collecting for CreditOne**

**4.28**

**\$793.00**

**Merrick Bank**

Nonpriority Creditor's Name

**P.O. Box 9201**

Number Street

**Old Bethpage NY 11804**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **4 7 7 7**

When was the debt incurred? **01/12/2007**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Purchase of Consumer Goods**

**4.29**

**\$15,982.00**

**Midland Funding LLC**

Nonpriority Creditor's Name

**8875 Aero Dr, Ste 200**

Number Street

**San Diego CA 92123**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1 9 9 9**

When was the debt incurred? **12/02/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.30**

**\$2,014.00**

**Midland Funding LLC**

Nonpriority Creditor's Name  
**8875 Aero Dr, Ste 200**  
Number Street

Last 4 digits of account number **2 0 1 5**

When was the debt incurred? **11/18/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**San Diego CA 92123**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

**4.31**

**\$5,470.00**

**Midland Funding LLC**

Nonpriority Creditor's Name  
**8875 Aero Dr, Ste 200**  
Number Street

Last 4 digits of account number **5 1 6 5**

When was the debt incurred? **08/24/2012**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**San Diego CA 92123**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

**4.32**

**\$516.00**

**Moses Taylor Hospital**

Nonpriority Creditor's Name  
**700 Quincy Ave**  
Number Street

**Attn: Justin Davis CEO**

Last 4 digits of account number **3 6 1 8**

When was the debt incurred? **10/26/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Scranton PA 18510**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.33**

**\$46.00**

**Northeast Foot & Ankle Associates, LLC**

Nonpriority Creditor's Name

**532 Main Street**

Number Street

**Suite 2**

Last 4 digits of account number **3 9 3 5**

When was the debt incurred? **08/22/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Moosic PA 18507-1074**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.34**

**\$5,470.00**

**OneMain Financial Bankruptcy Dept.**

Nonpriority Creditor's Name

**P.O. Box 6042**

Number Street

Last 4 digits of account number **1 1 4 3**

When was the debt incurred? **01/01/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Personal loan**

**Sioux Falls SD 57117-6043**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.35**

**\$2,730.00**

**Partners Healthcare**

Nonpriority Creditor's Name

**399 Revolution Drive, Suite 402**

Number Street

Last 4 digits of account number **8 9 6 4**

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Somerville MA 02145-1479**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.36**

**\$3,045.00**

**Partners Healthcare**

Nonpriority Creditor's Name  
**399 Revolution Drive, Suite 402**

Number Street

Last 4 digits of account number **8 9 6 4**

When was the debt incurred? **01/01/15**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Somerville MA 02145-1479**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**4.37**

**\$67.00**

**Pathology Associates of N.E.P.A.**

Nonpriority Creditor's Name

**P.O. Box 822227**

Number Street

Last 4 digits of account number

When was the debt incurred? **06/01/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Philadelphia PA 19182-2227**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**4.38**

**\$97.00**

**Pathology Associates of NEPA**

Nonpriority Creditor's Name

**P.O. Box 822227**

Number Street

Last 4 digits of account number

When was the debt incurred? **01/01/17**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Philadelphia PA 19182-2227**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.39**

**\$0.00**

**Pay Pal Credit**

Nonpriority Creditor's Name

**P.O. Box 5138**

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Timonium**

**MD**

**21094**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

**4.40**

**\$893.00**

**Pennsylvania American Water**

Nonpriority Creditor's Name

**P.O. Box 578**

Number Street

Last 4 digits of account number

When was the debt incurred? **1/1/17**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Alton**

**IL**

**62002**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility**

**4.41**

**\$1,700.00**

**PPL Electric Utilities**

Nonpriority Creditor's Name

**827 Hausman Rd.**

Number Street

Last 4 digits of account number **8 0 2 3**

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Allentown**

**PA**

**18104-9392**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.42**

**\$126.00**

**Professional Orthopaedic Assoc. Ltd.**

Nonpriority Creditor's Name  
**3 West Olive St., Ste. 118**  
Number Street

Last 4 digits of account number **2 5 8 9**

When was the debt incurred? **10/09/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Scranton PA 18508-2576**  
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**4.43**

**\$120.00**

**Radiological Consultants**

Nonpriority Creditor's Name  
**751 Keystone Indust. Park**  
Number Street

Last 4 digits of account number **3 6 1 8**

When was the debt incurred? **10/26/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dunmore PA 18512**  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**

**4.44**

**\$249.00**

**Raymond Khoudary, MC PC**

Nonpriority Creditor's Name  
**190 S. River St.**  
Number Street

Last 4 digits of account number **8 0 8 1**

When was the debt incurred? **12/29/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Plains PA 18705-1149**  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Services**



Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.45**

**\$4,357.00**

**Regency Consumer Discount Co**

Nonpriority Creditor's Name  
**393 Meridian Ave.**

Number Street

**Scranton PA 18504**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2 0 1 5**

When was the debt incurred? **06/19/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Non-Purchase Money**

**4.46**

**\$726.00**

**Synchrony Bank/Amazon.com**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.**

Number Street  
**P.O. Box 965060**

**Orlando FL 32896-5060**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6 0 4 5**

When was the debt incurred? **03/30/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

**4.47**

**\$900.00**

**Synchrony Bank/Amazon.com**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.**

Number Street  
**P.O. Box 965060**

**Orlando FL 32896-5060**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6 0 4 5**

When was the debt incurred? **05/16/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.48

**\$100.00**

**Tiffany Griffiths, Psy D & A**

Nonpriority Creditor's Name

**502 N. Blakely St.**

Number Street

**Dunmore**

**PA**

**18512**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9 3 6 7**

When was the debt incurred? **05/01/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Therapy services**

4.49

**\$96.00**

**Transworld Systems, Inc.**

Nonpriority Creditor's Name

**507 Prudential Rd.**

Number Street

**Horsham**

**PA**

**19044**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3 2 5 2**

When was the debt incurred? **01/01/17**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Trugreen**

4.50

**\$546.00**

**Transworld Systems, Inc.**

Nonpriority Creditor's Name

**30600 Telegraph Rd., Ste 4235**

Number Street

**Bingham Farms**

**MI**

**48025**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3 1 8 3**

When was the debt incurred? **01/0/17**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for Massachusetts General Phy**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.51**

**\$502.00**

**UGI Utilities**

Nonpriority Creditor's Name  
**225 Morgantown Road**

Number Street

Attn: Manager of Collections

**Reading**

**PA 19611**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred? **1/1/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility**

**4.52**

**\$2,119.00**

**Verizon Bankruptcy Dept.**

Nonpriority Creditor's Name  
**500 Technology Drive**

Number Street

Suite 550

**Weldon Spring**

**MO 63304**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2 1 9 8**

When was the debt incurred? **08/13/2004**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Telecommunications**

**4.53**

**\$1,179.00**

**Wells Fargo Financial**

Nonpriority Creditor's Name  
**4143 121st Street**

Number Street

**Urbandale**

**IA 50323-2310**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6 7 8 8**

When was the debt incurred? **01/01/15**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Ability Recovery Svcs. LLC**

Name  
**P.O. Box 4031**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Wyoming** **PA** **18644**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Chase**

Name  
**PO Box 15298**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Wilmington** **DE** **19850**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Commonwealth Health**

Name  
**1605 Valley Center Pkwy, Ste 200**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Bethlehem** **PA** **18017-2345**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**CreditOne**

Name  
**P.O. Box 98873**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Las Vegas** **NV** **89193**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**CreditOne**

Name  
**P.O. Box 98873**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Las Vegas** **NV** **89193**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Discover Bank**

Name  
**P.O. Box 3025**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**New Albany** **OH** **43054-3025**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Diversified Consultants, Inc**

Name  
**P.O. Box 551268**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Jacksonville** **FL** **32255**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**Financial Recovery Services, Inc.**

Name  
**P.O. Box 385908**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Minneapolis** **MN** **55438-5908**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**First Credit Union of Scranton**

Name  
**605 Davis St.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Scranton** **PA** **18505**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**First National Credit Card**

Name  
**P.O. Box 5097**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Sioux Falls** **SD** **57117-5097**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

**First National Credit Card**

Name  
**P.O. Box 5097**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Sioux Falls** **SD** **57117-5097**  
City State ZIP Code

Last 4 digits of account number \_ \_ \_ \_

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Geisinger Health System**

Name  
**100 North Academy Ave.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Danville** **PA** **17822**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Geisinger Health System**

Name  
**100 North Academy Ave.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Danville** **PA** **17822**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Hayt, Hayt & Landau**

Name  
**123 S. Broad St., Suite 1660**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Philadelphia** **PA** **19109**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**IC System, Inc.**

Name  
**444 Hwy. 96 East**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**St. Paul** **MN** **55164**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**LVNV Funding LLC**

Name  
**P.O. Box 10497**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Greenville** **SC** **29603**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Medical Data Systems**

Name  
**2001 9th Ave.**  
Number Street  
**Ste. 312**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Vero Beach** **FL** **32960**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Miramend Revenue Group**

Name  
**991 Oak Creek Dr.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Lombard** **IL** **60148**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Miramend Revenue Group**

Name  
**991 Oak Creek Dr.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Lombard** **IL** **60148**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**NCC**

Name  
**245 Main St.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Dickson City** **PA** **18519**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**NCC**

Name  
**245 Main St.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Dickson City** **PA** **18519**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**NCC**

Name  
**245 Main St.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Dickson City** **PA** **18519**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**North Shore Agency**

Name  
**270 Spagnoli Road**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Melville** **NY** **11747**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**OneMain Financial Bankruptcy Dept.**

Name  
**P.O. Box 6042**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Sioux Falls** **SD** **57117-6043**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Professional Account Svcs.**

Name  
**P.O. Box 188**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Brentwood** **TN** **37024**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Radiological Consultants, Inc.**

Name  
**3625 Quakerbridge Rd.**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Hamilton<** **NJ** **08619**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Ratchford Law Group, PC**

Name  
**409 Lackawanna Ave., Suite 320**  
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Scranton** **PA** **18503**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_



Debtor 1 **Martin Francis Casey, Jr.,**  
Debtor 2 **Nicole Michele Casey**

Case number (if known) **5:17-bk-02942**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans; and other similar debts	6h. <u>\$2,653.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$136,130.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$138,783.00</u>

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

\*\*\*\*\*

RE: : CHAPTER 13  
MARTIN AND NICOLE CASEY :  
:   
Debtors : NO. 5-17-02942

\*\*\*\*\*

CERTIFICATE OF SERVICE

\*\*\*\*\*


The undersigned hereby certifies that on August 30, 2017, he caused a true and correct copy of the attached Amended Schedules and Notice of Commencement of Chapter 13 Bankruptcy Case to be served via First Class United States Mail, Postage Pre-paid in the above-referenced case, on the following:

Charles J. DeHart, III, Esq.  
8125 Adams Dr., Suite 6  
Hummelstown, PA 17036

Pennsylvania American Water Co.  
PO Box 578  
Alton, IL 62002

UGI Utilities  
225 Morgantown Rd.  
Attn: Manager of Collections  
Reading, PA 19611

Dated: 8/30/17

  
\_\_\_\_\_  
Tullio DeLuca, Esquire  
PA ID# 59887  
381 N. 9<sup>th</sup> Avenue  
Scranton, PA 18504  
(570) 347-7764